# Independent Accountant's Report on Applying Agreed-Upon Procedures

To the	Board/	President/Management
		(Provider's Name)
		(City/State/Zip Code)
Depart fiscal y manag Manag to by the establishest establishest proced no representations.	ment of year end ement of the man _(Proving shing paged-ushed by ures is resentat	ormed the procedures enumerated below based upon the requirements outlined in the f Disabilities and Special Needs (DDSN) Provider Audit Policy (275-04-DD) for the State ded June 30,
The pr	ocedure	es performed and the results of our testing are as follows:
Medica	aid Bill	ing
1.	billabl docum	stained an understanding of the Medicaid billing process and controls over Medicaid e services through discussions with management and consultations with program staff. In tenting our understanding, we also learned that the provider served a total of mers for whom Medicaid services were billed for the period tested.
2.	the pro	lected a sample of consumers from the total number of consumers for which ovider is receiving payments for Medicaid billable services. For the consumers selected, ted Medicaid billings for month(s) to determine the following:  Documentation is on file to support the billings. In addition, we performed tests to determine that the supporting documentation provides reasonable assurance that the billings are supported by complete and accurate information.
	b.	Results/Finding:  Services are being provided to the consumers as indicated in the documentation on file.  For the consumers selected for testing, have the supervisor make contact (face-to-face or by phone call) with the consumer and/or family member and inquire if the services were provided as indicated in the service notes.
		Results/Finding:

c. Monitorship is being provided by supervisory staff, as evidenced by their signature or initials and date of review, on an on-going basis so as to provide reasonable assurance to the provider organization that the billable services are being provided to the consumers and/or families as indicated by the documentation on file.

Results/Finding:

## 3. <u>Consumers' Personal Funds</u>

We gained an understanding of the controls over consumers' personal funds managed by provider staff through our discussions and inquiries with management. In order to gain a more accurate understanding of the nature and treatment of consumers' personal funds we consulted with the residential program staff since these employees are directly responsible for compliance with DDSN Directive 200-12-DD: Management of Funds for People Participating in Community Residential Programs.

total of	ners and reviewed their account activity for month(s) to determine the
a.	Each member of the provider staff having access to consumers' personal funds is bonded.
	Results/Finding:
b.	Consumers' personal funds are not borrowed, loaned, or co-mingled by the provider or another person or entity for any purpose, or combined or co-mingled in any way with the provider's operating funds.
	Results/Finding:
c.	Consumers' checking and/or savings accounts are established in the consumers' names and social security numbers, or that they indicate that the accounts are for the benefit of the consumers (fiduciary relationship).
	Results/Finding:
d.	Withdrawals from consumers' accounts require a co-signature of the facility or program director or his or her designee, unless a waiver is on file.
	Results/Finding:
e.	A copy of the commercial bank signature card is on file in the consumers' permanent

Results/Finding:

f. Items costing \$50 or more are purchased by check from the consumers' accounts.

Results/Finding:

g. All sources of income for the consumers are deposited within five (5) business days of receipt to their accounts.

Results/Finding:

h. Bank reconciliations for consumers' accounts are being performed within 20 business days of receipt of the bank statements by a staff member who is not a co-signer for the accounts.

Results/Finding:

i. Through a representative sample of consumers' purchases, determine that receipts are on hand to support expenditures for non-incidental purchases made from the consumers' personal funds. (Purchases should be selected from the consumers' accounts in the sample for the month(s) chosen for review.)

Results/Finding:

j. Checks are not written to "Cash."

Results/Finding:

k. Consumers' cash on hand (consumers' cash held in the residence by staff <u>plus</u> cash actually held by the consumer) does not exceed \$50.

Results/Finding:

1. Actual counts of consumers' cash held by residential staff, and agreement of the counts to the records, are done monthly by someone who does not have authority to receive or disburse cash. The count and agreement to the records must be documented in the cash records.

Results/Finding:

4. <u>Minimum Salary/Hourly Wage</u>:

We gained an understanding of the requirements of paying Early Interventionists, Case Managers, and Direct Care Staff in accordance with the Provider's contract with DDSN.

NOTE: Current (05/12/14) entry level salary for Service Coordinators and Early Interventionists will be \$30,762 annually. Entry level Direct Care Staff will be paid \$9.59 an hour.

We determined whether or not the provider was paying all of the Early Interventionists, Case Managers, and Direct Care Staff the established minimum salary or hourly wage in accordance with the DDSN contract.

#### Results/Finding:

### 5. Room and Board Policy:

We gained an understanding of the status of the DDSN Room and Board Policy through our discussions and inquiries with management.

We determined whether or not the provider has established and implemented a Room and Board Policy for consumers' fees that has been reviewed and approved by DDSN.

#### Results/Finding:

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on the provider's policies and procedures over Medicaid billings and/ the management of consumers' personal funds and compliance with applicable laws and regulations. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the management of (provider's name) and DDSN and is not intended to be or should not be used by anyone other than these specified parties.

[Signature] [Date]